



## Therapist Professional Advisory Committee Membership Self-Nomination Form

Dear TPAC Members,

I am interested in serving the Therapist Category by contributing as a member of the Therapist PAC. I understand that if selected, I will need to be available for regularly scheduled meetings. I also understand that I will need to accept and complete tasks that are assigned by the TPAC. Please consider my application for membership.

Previous TPAC membership and/or committee/task force participation.	Dates

Please complete the following:

Circle one:

<b>Name, Rank:</b>	<b>Discipline:</b> PT / OT / AUD / SLP/RT
<b>Agency:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of  
Supervisor:** \_\_\_\_\_

**Self-Nominations are due by 18 FEB 2011.**

**Please Fax signed form to:** CDR Tom Schroeder, 785-239-2288 and LCDR Chris Barrett 928-283-2197.

**Please email:** Unsigned **self-nomination form**, **curriculum vitae**, and a **cover letter** explaining your interest in serving as a TPAC member to [christopher.barrett@tchealth.org](mailto:christopher.barrett@tchealth.org) and [Thomas.schroeder2@us.army.mil](mailto:Thomas.schroeder2@us.army.mil).

This must be forwarded as an attachment in Microsoft Word format.

Questions? Please contact [christopher.barrett@tchealth.org](mailto:christopher.barrett@tchealth.org).